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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:			
This declaration is direc	ted to:		
	The attached application, or		
	Application No.	, filed on,	
	as amended on	(if applicable);	
I/we believe that I/we a which a patent is sough	m/are the original and first invent;	ntor(s) of the subject matter which is claimed and for	
I/ we have reviewed an amended by any amen	d understand the contents of the dment specifically referred to all	e above-identified application, including the claims, as bove;	
to me/us to be materi became available betw	al to patentability as defined	tates Patent and Trademark Office all information known in 37 CFR 1.56, including material information which application and the National or PCT International filing e; and	
false statements and th	oe true, and further that these	e true, all statements made herein on information and statements were made with the knowledge that willful imprisonment, or both, under 18 U.S.C. 1001, and may ssuing thereon.	
FULL NAME OF INVEN	NTOR(S)		
Inventor one: JONAT	HAN LEE HANMANN		
Signature:	Ja Har	Citizen of: UNITED STATES	
Inventor two:	AREEN		
Signature:	ta and the second of the secon	Citizen of: UNITED STATES	
Inventor three: KENN	ETH J. SMITH		
Signature:	-)S-	Citizen of: UNITED STATES	
Inventor four:			
Signature:		Citizen of:	
Additional inventors are b	eing named on	additional form(s) attached hereto	

\_additional form(s) attached hereto. Burden Hour Statement. This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

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Application Number	UNKNOWN		
Filing Date	HEREWITH		
First Named Inventor	JONATHAN LEE HANMANN		
Group Art Unit	UNKNOWN		
Examiner Name	UNKNOWN		
Attorney Docket Number	K35A0872		

I hereby appoint:				
✓ Practitioners at	Customer Number 26332	Place Custor Number Bar		
OR		Label here	Code	
Practitioner(s) na	amed below:			
	Name	Registration Number		
as my/our attorney(s) o	or agent(s) to prosecute the application	on identified above, and to transac	t all	
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Applicant/Invento	or.			
Assignee of reco	ord of the entire interest. Soc. 27 CED	2 74		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
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Name A				
Signature ontice Contraction				
Date 11-25-01				
NOTE: Signatures of all the inven- forms if more than one signature i	tors or assignees of record of the entire interests is required, see below*.	st or their representative(s) are required.	Submit multiple	
	ms are submitted.			

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Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	K35A0872	

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	nt/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Appli	cant or Assignee	of Record		
Name	KENNETH J. SMITH				
Signature	Signature K				
Date 7/25/d1/					
NOTE: Signatures of all forms if more than one	the inventors or assignees of record of t signature is required, see below*.	the entire interest or	their represer	ntative(s) are required. Submit r	nultiple
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Filing Date	HEREWITH	
First Named Inventor	JONATHAN LEE HANMANN	
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	K35A0872	

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  ANIL SAREEN  Signature  Date  AP24/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	OR		6332	Number Bar Code
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  ANIL SAREEN  Signature  Date  7/24/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Name	R	egistration Number
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Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  ANIL SAREEN  Signature  Date  7/24/200 I  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			State	Zip
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Signature  Name  ANIL SAREEN  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	<b>∠</b> Applicar	it/inventor.		
Name ANIL SAREEN  Signature  Date  T24/2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
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